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Approved for use through 10/31/2002, OMB 0651-0035
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REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

Application No.	09/522,834		
Filing Date	March 10, 2000		
First Named Inventor	Thomas F. CALLAHAN		
Group Art Unit	2644		
Examiner Name			
Attorney Docket Number	2000 0270		
	MECEIVED		

	o: Assistant Commissioner for Patents Washington, DC 20231			SEP % 0 2002			
I hereby apply to withdraw as attorney or agent for the above identified patent afficiency Center 2600							
The reasons for this request are:							
The client has failed to pay bills rendered by the undersigned attorney for an unreasonable period of time.							
[] The correspondence address is NOT affected by this withdrawal.							
2. [X] Change the correspondence address and direct all future correspondence to:							
CORRESPONDENCE ADDRESS							
Place Customer Number Bar Code Label Here							
[X] Firm or Individual Name Thomas F. Callahan							
Address	University Research Engineers & Associates						
Address	10 Whip-Poor-Will, P.O. Box 1579						
City	Grantham	State	NH	ZIP	13753-1579		
Country	U.S.A.						
Telephone	(603) 863-4014	Fax	(603) 863-7647				
<ul> <li>[X] This request is made on behalf of myself and</li> <li>[X] all the attorneys/agents of record,</li> <li>[] the attorneys/agents (with registration numbers) listed on the attached paper(s), or</li> <li>[] the attorneys/agents associated with Customer Number</li> <li>This request is enclosed in triplicate (including any attachments).</li> </ul>							
Name	Charles R. Watts, Reg. No. 33,142						
Signature	can Walter						
Date	September 19, 2002						
NOTE: Withdrawal is effective when approved rather than when received.  Unless there are at least 30 days between approval of withdrawal and the expiration date of a time							

period for response or possible extension period, the request to withdraw is normally disapproved.